

**HAWAII STATE ETHICS COMMISSION**

1001 BISHOP STREET, HONOLULU, HAWAII 96813

or P.O. BOX 616, HONOLULU, HAWAII 96809

TEL: (808) 587-0460 FAX: (808) 587-0470

email: ethics@hawaiiethics.orgWeb site: www.hawaii.gov/ethics

THIS SPACE FOR OFFICE USE ONLY

13 JUN -3 P3:54

NOTE: This is a public document.

LOBBYIST REGISTRATION FORM

(Type or Print Clearly)

STATE OF HAWAII
STATE ETHICS COMMISSION

PART I LOBBYIST			
NAME (Last)	(First)	(Middle)	TELEPHONE
Svetin	Kimberly	M.	808-553-5790
MAILING ADDRESS (Street)			FAX 808-553-5308
P.O. Box 558			EMAIL svetin1@yahoo.com
(City)	(State)	(Zip Code)	
Kaunakakai	HI	96748	
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby)			TELEPHONE
Molokai Drugs, Inc.			808-553-5790
MAILING ADDRESS (Street)			FAX 808-553-5308
P.O. Box 558			EMAIL svetin1@yahoo.com
(City)	(State)	(Zip Code)	
Kaunakakai	HI	96748	

PART II ORGANIZATION		
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)		TELEPHONE
Molokai Drugs, Inc.		808-553-5790
MAILING ADDRESS (Street)		FAX 808-553-5308
P.O. Box 558		EMAIL
(City)	(State)	(Zip Code)
Kaunakakai	HI	96748
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT		TELEPHONE
Kimberly Svetin		808-553-5790
MAILING ADDRESS (Street)		FAX 808-553-5308
P.O. Box 558		EMAIL
(City)	(State)	(Zip Code)
Kaunakakai	HI	96748

PM 5/31

PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY

- | | | | |
|---|---|---|---|
| <input type="checkbox"/> Agriculture | <input type="checkbox"/> Education | <input type="checkbox"/> Human Services | <input type="checkbox"/> Science, Technology & Economic Development |
| <input type="checkbox"/> Communications & Public Utilities | <input type="checkbox"/> Government Operation & Finance | <input type="checkbox"/> Intergovernmental Relations, International Affairs | <input type="checkbox"/> Tourism & Recreation |
| <input type="checkbox"/> Consumer Protection & Commerce | <input type="checkbox"/> Hawaiian Affairs | <input type="checkbox"/> Labor & Employment | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> Culture, Arts, Historic Preservation | <input checked="" type="checkbox"/> Health | <input type="checkbox"/> Planning, Land & Water Use Management | <input type="checkbox"/> Other: (indicate below) |
| <input type="checkbox"/> Ecology, Energy Environmental Protection | <input type="checkbox"/> Housing | <input type="checkbox"/> Public Safety & Corrections | _____ |

PART IV CERTIFICATION OF LOBBYIST

I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.

Kim M S

(Signature of Lobbyist)

5/31/13

(Date)

PART V AUTHORIZATION TO LOBBY

NAME Kimberly M. Svetin		TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED President	
NAME OF ORGANIZATION (if applicable) Molokai Drugs, Inc.		TELEPHONE 808-553-5790	
MAILING ADDRESS (Street) P.O. Box 558		FAX 808-553-5308	
		EMAIL	
(City) Kaunakakai	(State) HI	(Zip Code) 96748	

I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.

Kim M S

(Signature of Authorizing Officer or Person Represented)

5/31/13

(Date)